

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11/660549

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4	1					
5		1				
6		1				
7		1				
8		1				
9		4				
10		①				
11		①				
12		①				
13		①				
14	1					
15	1					
16		1				
17		1				
18		1				
19		1				
20		4				
21		①				
22		①				
23		①				
24		①				
25	1					
26	1					
27		1				
28		1				
29		2				
30		①				
31		①				
32		①				
33		①				
34		①				
35		①				
36		①				
37		①				
38	1					
39	1					
40		6				
41		6				
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	50	←		←		←
TOTAL CLAIMS	59					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						